

**State of Nevada Department of Conservation and Natural Resources  
Nevada Division of Environmental Protection  
Bureau of Safe Drinking Water's Laboratory Certification Program**

**Presents  
Chain of Custody**

**What is it? Why do we need it? How is it done?**



# Chain Of Custody

When samples are collected during an enforcement action, possession must be traceable from the time of collection to sample disposal.

Chain-of-custody procedures are used to maintain, transfer and document sample possession.

## **Chain Of Custody**

**Chain of Custody is necessary if there is any possibility that the analytical data or conclusions based upon analytical data will be used in litigation.**

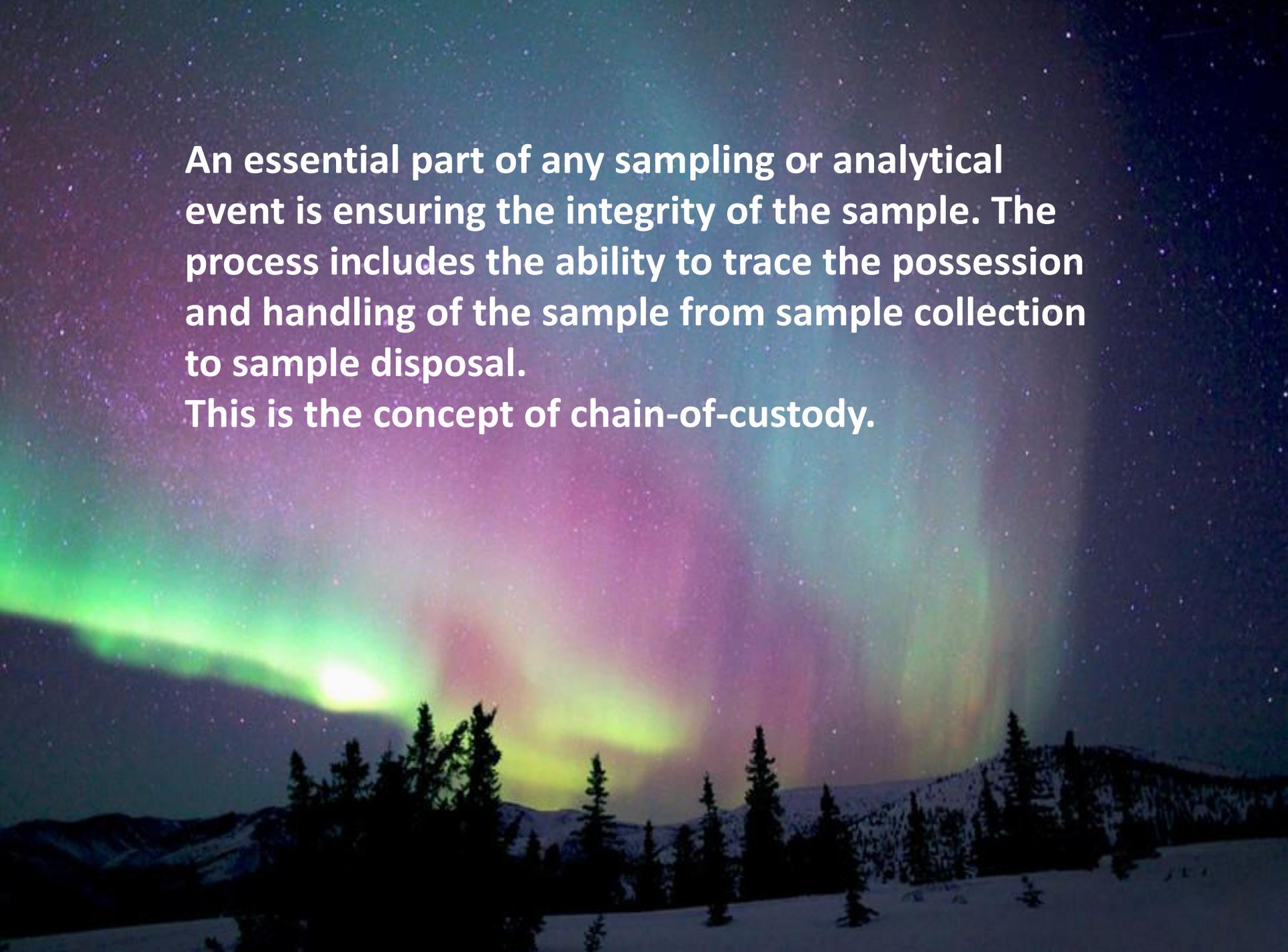
**A sample is under custody:**

**If it is in your possession**

**It is in your view, after being in your possession**

**It was in your possession and you locked it up**

**It is in a designated secured limited access area**

A photograph of the Aurora Borealis (Northern Lights) over a snowy mountain landscape. The aurora displays vibrant green, yellow, and purple bands across a starry night sky. The foreground shows dark evergreen trees and snow-covered mountains.

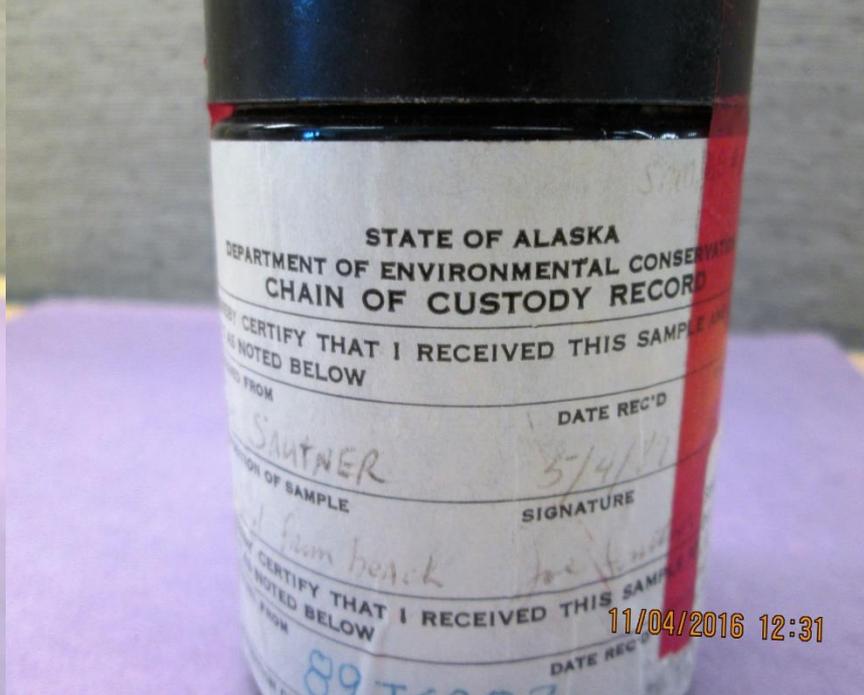
**An essential part of any sampling or analytical event is ensuring the integrity of the sample. The process includes the ability to trace the possession and handling of the sample from sample collection to sample disposal. This is the concept of chain-of-custody.**

## Chain of Custody

Labels should be affixed to the sample container prior to or at the time of sampling. When possible, labels should be filled out prior to the sampling event (except time of collection).

Evidence tape or custody seals are used to detect unauthorized tampering of samples.





**Exxon Valdez Oil Spill**  
**Friday March 24<sup>th</sup>, 1989**  
**Est. 11 million gallons of crude oil**  
**was spilled into Prince William Sound**



**CHAIN OF CUSTODY RECORD**

Page  of

Client:		Report To:		Bill To:		EDD Requirement		QA/QC		Sample Receipt Conditions			
Address:		Company:		Address:		<input type="checkbox"/> None EDD <input type="checkbox"/> Destructive <input type="checkbox"/> Cathodic <input type="checkbox"/> Other <input type="checkbox"/> Specify:		<input type="checkbox"/> RTNE <input type="checkbox"/> WFOCCS <input type="checkbox"/> CalTrans <input type="checkbox"/> Level II <input type="checkbox"/> LEVEL IV <input type="checkbox"/> Regulatory <input type="checkbox"/> Specify State:		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A. Contain <input type="checkbox"/> B. Headspace <input type="checkbox"/> C. Container Intact <input type="checkbox"/> D. Seal Present <input type="checkbox"/> E. ID number <input type="checkbox"/> F. Method of Cooling <input type="checkbox"/> G. Sample Temp.			
Address:		Contact:		Email to:		PO#		Phone:		Fax:			
Phone:		Address:		Email to:		PO#		Phone:		Fax:			
Submitted By:		Title:		Phone:		Fax:		Signature:		Date:			
Signature:		Title:		Signature:		Title:		Signature:		Title:			
Project Name:		Project Number:		Matrix:		Analysis Requested		Retention Time		Tracking No.			
Project Name:		Project Number:		<input type="checkbox"/> Ground <input type="checkbox"/> Pore <input type="checkbox"/> Surface <input type="checkbox"/> Other		<input type="checkbox"/> Sediment <input type="checkbox"/> Soil <input type="checkbox"/> Other <input type="checkbox"/> Solid		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> No Retention <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Item No.		Laboratory Work Order No.		Sample ID/Location		Date		Time		Remarks			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:		Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:		Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:			
Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:		Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:		Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:			
Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:		Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:		Dispatched by (Signature and Printed Name): Date: / / Time:		Received by (Signature and Printed Name): Date: / / Time:			
Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.		Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.		Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.		Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.		Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.		Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.		Notes: 1. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 2. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 3. All samples must be analyzed within 30 days of collection and stored in a cool, dry place. 4. All samples must be analyzed within 30 days of collection and stored in a cool, dry place.	

**Wikipedia: Chain of Custody refers to the chronological documentation or paper trail showing the seizure, custody, control, transfer, analysis and disposition of physical or electronic evidence.**

LaFara Laboratories LLC 777 E. Sunset Rd. STE 100, Las Vegas NV 89751 Call 1-800-702-Test (8378)  
 Certified Safe Drinking Water Chemistry, Microbiology, Radiochemistry, Protozoans, WETT, Mold and Algae.

**CHAIN-OF-CUSTODY-RECORD**

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Report Results To:	Report Attention: Bill Doe 2016-001	Project Number:	Invoice Attention: Same	For compliance →	COMPLIANCE MONITORING? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	NEW ADDRESS? Results: <input type="checkbox"/> Invoice: <input type="checkbox"/>
	Company: ABC Consultants	Who to bill →	Send Invoice		For which Federal Act →	Applicable Program SDWA <input checked="" type="checkbox"/> CWA <input type="checkbox"/> RCRA <input type="checkbox"/> Mining <input type="checkbox"/> Other <input type="checkbox"/>
	Mailing Address: PO Box 527	Your organization here	Mailing Address:	QC Level I, II, III, IV →	QC Level Report I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/>	NOTE: Surcharges apply to Level II, III and IV reports
	City, State, Zip: Henderson NV 89904	Printed name of sampler	City, State, Zip:	Signature & Date		

Sampled by: Bill Doe Signature: \_\_\_\_\_

I attest to the validity and authenticity of the sample. I am aware that tampering with or intentionally mislabeling the sample location, date or time is considered fraud and may be grounds for legal action.

ANALYSES REQUESTED

Send Results Via:  Mail  Email  Fax

Send Invoice Via:  Mail  Email  Fax

Field Measurements  
On Site pH: 6.9 Chlorine: <0.2 mg/L  
Temperature: 8C Other: \_\_\_\_\_  
Field Measurements  
Metals\*

Standard: <input checked="" type="checkbox"/> Standard TAT 7-10 Business Days. Note that some tests vary.	Other Pertinent Information / Special Instructions	Number / Type of Containers	Metals	Requested analyses	pH, temp, residual chlorine			
Rush Same Day: <input type="checkbox"/> 3 Day: <input type="checkbox"/> Other (specify): _____ 1 Day: <input type="checkbox"/> 4 Day: <input type="checkbox"/> Rush results will be issued after 4:00 p.m. 2 Day: <input type="checkbox"/> 5 Day: <input checked="" type="checkbox"/> Turn around time for rush samples								
Date Sampled	Time Sampled	Composite Grab Matrix Preservative	Lab No.	Comp. Grab	Metals	Preservative**	Number / Type of Containers	Metals
2/15/16	0800	Monitoring Well 4	M-1245	G	DW	2	1P	X

Sampler's signature, Printed name, Company, Date, Time

Signature	Print Name	Company	Date	Time
Relinquished By:	Print Name	Company	Date	Time
Received By:	Sample receiving takes custody of the sample and will release it to the Analyst			
Relinquished By:	Analyst			
Received By:	Sample receiving			
Authorized By:	Bill Doe	ABC Consultants	2-16-16	0845

Authorization is required to process samples. This obligates your organization for service fees. SSAL Standard T & C's or other written agreement applies. If collectors or legal services are required to recover said fees, your organization will be responsible for all fees and costs in addition to service fees.

Samples are discarded 30 days after results are reported unless other arrangements are made and storage fees may apply. The analytical results associated with this COC apply only to those samples as they are received by the laboratory. The liability of the laboratory is limited to the amount paid for the report.

Matrix\* DW-Drinking Water, WW-Waste Water, GW-Ground Water, SW-Surface Water, SS-Soil, S-Solid, OT-Other  
 Preservative\*\* 1=H<sub>2</sub>SO<sub>4</sub>, 2=HNO<sub>3</sub>, 3=HCl, 4=NaOH, 5=Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>, 6=None, 7=Other  
 Container\*\*\* P-Plastic, G-Glass, V-Voa Vial, OT-Other

**BAD LAB.com**  
**321 Save Water Way**  
**Chicago ILL 60601**  
**1-800-772-5137**

**CHAIN-OF-CUSTODY-RECORD**

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Report Results To:	Report to person: <u>Bill Smith</u>	Project Number:	Inv'd by Address: <u>Bill Smith</u>	PO#	Quote #	QUANTITY MONITORING Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	NEW ADDRESS? Result: <input type="checkbox"/> <input type="checkbox"/>
	Company:		Company:			Applicable Program SDWA <input type="checkbox"/> CWA <input type="checkbox"/> RCRA <input checked="" type="checkbox"/>	
	Mailing Address:		Mailing Address:			SDWA <input type="checkbox"/> CWA <input type="checkbox"/> RCRA <input checked="" type="checkbox"/>	
	City, State, Zip:		City, State, Zip:			Merit: <input type="checkbox"/> Other <input type="checkbox"/>	
Phone:		Email / Fax:	Phone: <u>875-489-6040</u>			QC Label Report I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/>	

Sampled by: Bill Smith Signature: \_\_\_\_\_ ANALYSES REQUESTED

Address to the validity and suitability of the samples. It is advised that sampling with an analytically calibrated instrument is required. Size or time is considered based and may be subject to change. action

Standard:  Standard TAT 7-10 Business Days. Hold time 24hrs 1999 VOT  
 Rush:  Same Day  1 Day  2 Day  3 Day  4 Day  5 Day  Other (specify): \_\_\_\_\_  
 Rush results will be issued after 4:00 pm.  
 NOTE: A Rush Surcharge is applied for rush samples

Date Sampled	Time Sampled	Sample Identification	SSAL - SEM Lab No.	Depth	Number	Frequency	Number / Type of Containers
10/28/16	11:15	BMI 001	VOC 102816.1	59	5		1 8260
		002	VOC 102816.2				1 8260
		003	VOC 102816.3				1 8260
		004	VOC 102816.4				1 8260

Signature	Print Name	Company	Date	Time
<u>Bill Smith</u>	<u>Bill Smith</u>	<u>A1 Garage</u>	<u>10/28/16</u>	<u>5:00 AM</u>
Received By:				
Retrieved By:				
Received By:				
Retrieved By:				
Received By:				
Authorized By:				

Authorization is required to possess or ship. This obligates your organization to pay the fee. SEAL Standard T & C or other A/L on agreement applies. If not action of best practices are required to recover 50% fee, your organization will be responsible for all fees and costs in addition to standard fees.

Method: DW-Drinking Water, WW-Waste Water, GW-Ground Water, SW-Surface Water, SS-Soil, S-Solid, OT-Other  
 Container: P-Plastic, G-Glass, V-Vac Vial, OT-Other

# CHAIN OF CUSTODY RECORD

Contact us:  
 Nevada: 3151 W. Post Road, Las Vegas, NV 89118  
 P: 702.307.2659 F: 702.307.2691  
 California: 11060 Artesia Blvd., Ste C, Cerritos, CA 90703  
 P: 562.219.7435 F: 562.219.7436  
 www.assetlaboratories.com

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Client: <b>CRC LLC</b>		Report to: <b>Billy Bob Hunt</b>	Bill to: <b>CRC LLC</b>	EDD Requirement: <input checked="" type="checkbox"/> <b>RTNE</b>	QA/QC: <input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>
Address: <b>355 10th Street</b>		Company: <b>CRC LLC</b>	Address: <b>SAME</b>	Excel EDD: <input type="checkbox"/>	Geotracker: <input type="checkbox"/>
Address: <b>Las Vegas NV 88611</b>		Email: <b>bbhunt@CRCLLC.net</b>	Address: <b>SAME</b>	LabSpec: <input type="checkbox"/>	CalTrans: <input type="checkbox"/>
Phone: <b>702-655-8939</b>	Fax: <b>702-655-8940</b>	Address: <b>Same</b>	Email to: <b>SAME</b>	Others: <input type="checkbox"/>	Level III: <input checked="" type="checkbox"/>
Submitted By: <b>Billy Bob Hunt</b>		Phone: <b>SAME</b>	PO#:	Specify:	LEVEL IV: <input type="checkbox"/>
Title: <b>QA Manager</b>		Phone: <b>SAME</b>	Fax: <b>SAME</b>	Global ID:	Regulatory: <input type="checkbox"/>
Signature: _____		Fax: <b>SAME</b>	Specify State: <b>BGDW</b>		3. Container Intact: <input checked="" type="checkbox"/>
Date: <b>12-6-16</b>	Sampled By: <b>BB Hunt</b>	Matrix:		Analyses Requested:	
I hereby authorize ASSET Lab to perform the tests indicated below:		Ground: <input type="checkbox"/> Sediment: <input type="checkbox"/>		1. Chilled: <input type="checkbox"/>	
Project Name: <b>CRC LLC Well 6, 8, 10</b>		Potable: <input type="checkbox"/> Soil: <input type="checkbox"/>		2. Headspace: <input type="checkbox"/>	
Project Number: <b>CRC000254-16</b>		NPDES: <input type="checkbox"/> Other Solid: <input type="checkbox"/>		4. Seal Present: <input type="checkbox"/>	
Signature: <i>Billy Bob Hunt</i>		Surface: <input type="checkbox"/>		5. R number: <b>NA</b>	
Date: <b>12-6-16</b>		Date: <b>12-6-16</b>		6. Method of Cooling: <b>ICE</b>	
Sample ID/Location:		Turn Around Time:		Sample Temp: <b>10°C</b>	
Date / Time:		No. of containers:		Courier:	
Date / Time:		Container Type:		Tracking No.:	
Date / Time:		PRESERVATION:		Remarks:	

Rem No.	Laboratory Work Order No.	Sample ID/Location	Date	Time	Water	Solid	Others	8260	8010B	7471	Turn Around Time	Remarks
1	AL120616-01	310 LV Blvd.	12/6/16	13:20	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Rec'd @10° C
2	AL120616-02	319 Wells Fargo	12/6/16	14:10	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Rec'd @10° C
3	AL120616-03	1019 Zachmack Ave.	12/6/16	14:45	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Rec'd @10° C
4	AL120616-04	777 Sunset	12/16/16		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Rec'd @10° C
5												
6												
7												
8												
9												
10												
11												
12												

Relinquished by (Signature and Printed Name): <i>Billy Bob Hunt</i>	Date / Time: <b>12/6/16 3:30 pm</b>	Received by (Signature and Printed Name): <i>J.C. Smiley</i>	Date / Time: <b>12/6/16 3:30</b>	Turn Around Time (TAT) <input type="checkbox"/> A = 24 Hrs or Same Day TAT <input type="checkbox"/> B = Next Workday <input type="checkbox"/> C = 2 Workdays <input checked="" type="checkbox"/> D = 3 Workdays <input type="checkbox"/> E = Routine 5-7 Workdays TAT Starts at 8 AM the following day if samples received after 3:00 PM.	Special Instruction:
Relinquished by (Signature and Printed Name): <i>J.C. Smiley</i>	Date / Time: <b>12/7/16 9:00</b>	Received by (Signature and Printed Name): <i>Eddie Banks</i>	Date / Time: <b>12/7/16 9:00</b>		
Relinquished by (Signature and Printed Name):	Date / Time:	Received by (Signature and Printed Name):	Date / Time:		

**Terms:**  
 1. All samples will be disposed in 45 days upon receipt and records will be destroyed in 5 years upon submission of final report.  
 2. Regular TAT is 5-7 business days, surcharges will apply for rush analysis.  
 3. Custom EDD formats will be an additional 3% of the total project price.  
 4. Add 10% surcharge for Level II Data Packages, 15% for Level III Data Packages. Surcharges applied on total contract price.

**Preservatives:**  
 H = HCl    N = HNO<sub>3</sub>    S = H<sub>2</sub>SO<sub>4</sub>    C = 4°C  
 Z = Zn(AC)<sub>2</sub>    D = NaOH    T = Na<sub>2</sub>SO<sub>3</sub>    J = Jar  
 Others/Specify:    M = Metal    P = Plastic    C = Can

**Container Type:**  
 T = Tube    V = VOA    P = Pint  
 B = Tiedlar    G = Glass  
 M = Metal    P = Plastic    C = Can

White = Laboratory Copy      Yellow = Customer's Copy

Any questions?

